Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	15 April 2014	Street:	CR 700 E Near CR 775 S	
Incident #:	14ISPC003136	Apt, Lot, Room #:		
County :	Johnson	City:	Edinburgh	
Type of Labo	oratory Seizure (check one)	Seizure Locatio	izure Location (check all that apply)	
☑ Lab Seizure☐ Chemical Seizure☐ Equipment Seizure☐ Dumpsite Seizure		Residence Outbuilding Vehicle Other:	Business	
Apt., hotel, multi-family dwelling: Shared HVAC: Yes No Unknown				
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)				
 ☑ One Pot or Birch Reaction(s): open Air ☐ Red Phosphorous/Iodine Reaction(s): ☑ Hydrochloric Acid Gas Generator(s): open air ☑ Flammable Solvents: Open air ☑ Water Reactive Metal (Lithium): Open air 		Anhydrous Ammonia: Corrosive Acid: Corrosive Base: Ammonium Nitrate/Sulfate: Other (item and location):		
Child under age 18 discovered (check appropriate)				
No No	(number present) not present but evidence they reside	unclean Estimated occurring:	length of time manufacturing had been	
Vehicle, Travel Trailer, RV or Watercraft Information:				
Owner: VIN: Year:		Make: Model: Color:		
This report has been faxed* or emailed to the following agencies that serve the location:				
Health Depar	ent: <u>Edinburgh Fire</u> tment County: <u>Johnson Co</u> f Child Services Hotline: <u>dcshotlinere</u> r	Fax: <u>(31</u>	2-526-3536 7) 736-5264 Fax: 317-234-7595 or 317-234-7596	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Tom Egler Phone 317-234-4591				

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.